PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

20.2792

		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			854				J	RATE	FEE) [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			65' minus 20=		* 45			X\$ 9=		OR	X\$18=	8/0
INDEPENDENT CLAIMS			51 minus 3 = * 9					X42=		OR	X84=	118
ΜL	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+140=			+280=	700
* If the difference in column 1 is less than zero, enter "0" in c						column 2		TOTAL		OR	TOTAL	1718
CLAIMS AS AMENDED - PART II								TOTAL	L	ON	OTHER	
(Column 1)			(Column 2) (Column			(Column 3)	4,4	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		1	+140=		OR	+280=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colur	nn 2)	(Column 3)		ADDIT. FEE		.	ADDIT. FEE	
AMENDMENT B	e ne en	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	11	X42=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF MU	JUIPLE DE	PENDENT	CLAIM		¹ [+140=		OR	+280=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)					ADDII. I EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		a	1	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR OR	TOTAL ADDIT. FEE	
		mber Previously Pa ober Previously Pai						_	ropriate box			